Belvoire Care Home Limited

Belvoir Care Home Limited

Inspection report

632 Halifax Road
Wardle
Rochdale
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Tel: 01706377925

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the Belvoir Care Home on 20 September 2017. The inspection was unannounced. We last inspected the Belvoir Care Home on 15 December 2015 when we found the service was meeting all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Belvoir Care Home is registered to provide personal care and accommodation for up to 24 older people. There were 18 people using the service at the time of the inspection.

The Belvoir Care Home is a detached property that has been converted and extended. It is situated on a main road in Wardle, close to public transport networks, local shops and facilities. There is ramped access to the front of the home and on-street car parking at the side of the home. There is a small garden to the side and rear of the building with a patio area to the front.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures (the reporting of unsafe and/or poor practice).

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the home were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in.

Systems were in place for carrying out regular health and safety checks and equipment was serviced and maintained in accordance with the manufacturers' instructions.

Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. We saw that people were involved and consulted about the development of their care plans.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed 'end of life' care.

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as resident/relative meetings and satisfaction surveys for people to comment on the facilities of the service and the quality of the care provided.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised. Records showed that any accidents and incidents that occurred were recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

The system for the management of medicines was safe. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed 'end of life'

care.

Is the service responsive?

Good

The service was responsive.

The care records contained detailed information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Good

The service was well–led.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Belvoir Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September 2017 and was unannounced. The inspection team consisted of two adult care inspectors.

Prior to the inspection we looked at the previous inspection report and information we held about the service, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law. Following the inspection we spoke with some of the professionals responsible for organising and commissioning the service on behalf of individuals and their families. The professionals told us they had no concerns about the service.

As some of the people living at The Belvoir Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the inspection we spoke with four people who used the service, four visitors, the registered manager and three care assistants.

We looked around all areas of the home, looked at food provision, two people's care records, five medicine administration records and the medicine management system, three staff recruitment files, training records and other records about the management of the home.

Good

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; "It's wonderful here. What have we got to be afraid of? Of course we feel safe and cared for" and "I have nothing to worry about. Couldn't get any better anywhere else."

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records showed that all staff had undertaken safeguarding training. The registered manager told us they were in the process of arranging 'refresher' training with an external training provider.

We saw the home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We found that the recruitment system was safe. We looked at two staff personnel files .They contained proof of identity, application forms, a medical questionnaire, a job description and two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Inspection of the staff roster showed that, in addition to the registered manager, there were three care staff on duty throughout the day and two care staff on at night. We asked the registered manager and two care staff if they felt this was sufficient to meet people's needs. We were told that it was usually sufficient but more staff would be provided if it was thought necessary. People who used the service that we spoke with told us they felt there were enough staff to meet their needs.

We looked at the systems in place for managing medicines within the home. This included the receipt, storage, handling, recording and disposal of medicines. We also checked the medicine administration records (MARs) of five people who used the service. We saw a medicine management policy and procedure was in place. We found that medicines, including controlled drugs (very strong medicines that may be misused), were stored securely and only designated care staff had access to them. The MARs showed that people were given their medicines safely and as prescribed, ensuring their health and wellbeing were protected.

Although records were kept of medicines waiting to be returned to pharmacy and the medicines were kept in a locked room, they were not kept in a tamper-proof container. We discussed this with the registered manager who told us they would contact the dispensing pharmacy to obtain one.

The registered provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and radiators were suitably protected with covers.

Records showed risk assessments were in place for all areas of the home environment. The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in the person's individual care file and in a central file in the outer office area; ensuring they were easily accessible in the event of an emergency.

We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw a fire risk assessment was in place and records showed that staff had received training in fire safety awareness.

Records showed that any accidents and incidents that occurred were appropriately recorded.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. The home was warm well- lit and suitably furnished.

We looked at the on-site laundry facilities in the cellar. The laundry looked clean and well-organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. Clean and dirty laundry was kept separate to help prevent cross contamination. We found there was sufficient equipment to ensure safe and effective laundering.

Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

Good

Is the service effective?

Our findings

People we spoke with told us they received the care they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "It's brilliant here. The staff are so good," "Couldn't ask for better" and "They certainly know what they are doing."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. During a discussion with the registered manager it was evident that they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. Records showed that all the staff had undertaken training in the MCA and DoLS.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records showed that since the last inspection five people who used the service were subjected to a DoLS.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. The registered manager told us that if people were not able to consent a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We looked to see how staff were supported to develop their knowledge and skills. We were told that new employees completed a skills assessment when they joined the service to identify their skills and areas of development. We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas.

We spent time observing lunch being served. We saw that the tables were nicely set with tablecloths, napkins and condiments. People were offered hot and/or cold drinks throughout the meal and throughout the day. We saw that people who required assistance with their meals and drinks were offered encouragement and where necessary, given support individually and discreetly. People we spoke with told us they enjoyed the food and felt there was enough. Comments made included; "The food is good and they give you different things" and "There is nothing wrong with the food. We can have something else if we don't like what is on offer."

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We looked at the menus and saw they were on a four week cycle and a choice of meal was always available.

We saw that, following a national food hygiene rating scheme inspection in May 2016, the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, speech and language therapists, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Access to the first floor was via a passenger lift and the wide corridors with hand rails helped to ensure safe movement around the home. We saw there were enough accessible bathrooms and toilets that were equipped with aids and adaptations.

Good

Is the service caring?

Our findings

We received very positive comments about the kindness and attitude of the staff. Comments made included; "The staff and the manager are superb", "Its such a lovely place. The staff are all so kind and caring", "I can't tell you how good they really are" and "Just wonderful. It's like home to me."

We asked people who used the service if they felt they had a choice about their daily routines and how they spent their day. People told us; "Of course we can if we want to" and "Yes I more or less please myself what I do."

As some of the people living at the Belvoir Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing how people are spoken to and supported by care staff. We observed staff spoke quietly and treated people with kindness and respect. The atmosphere in the home was calm and relaxed.

We saw people looked well cared for. They were appropriately dressed and well groomed. The hairdresser was visiting whilst we were in the home. Staff told us there was enough equipment available to ensure people's safety, comfort and independence were protected.

We saw that people's bedrooms were personalised with their own pictures, ornaments and small pieces of furniture. Throughout the day we saw that people moved freely around the home and at times one person went outside into the garden for a 'smoke' or to sit with their relatives.

Bathrooms, toilets and bedrooms had over-riding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected.

The registered manager told us that they were working towards the Daisy Mark accreditation. A Daisy Mark is awarded to services who offer exceptional dignity in their care. The Daisy Mark symbol shows that services have undertaken an accreditation scheme which ensures they deliver care with dignity and respect.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. Information about an advocacy service was displayed in the home.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by three of the care staff. The training had been developed by the education staff at the local hospice. The

programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

Information about each person's wishes regarding their end of life care and resuscitation had been discussed and documented in their care file.

Staff were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office.

Good

Is the service responsive?

Our findings

We were told that staff responded well to people's needs. Comments made included; "Without a doubt", "Definitely. They are so good at looking after my [relative] and "Absolutely the best."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. The care plans were 'person- centred' as they contained lots of personal information such as details of people's preferred routines, their likes, dislikes, hobbies and interests. We saw that the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that, in addition to a copy of the person's MAR sheet, a transfer form that had the person's details on would be sent with them. This helps to ensure correct information is passed on and that continuity of care is maintained.

We looked to see what activities were provided for people. The registered manager told us that the care staff undertook activities within the home. These included such things as board games, light exercise and arts and crafts. We were told that entertainers visited the home regularly. On the inspection day we saw that some people sat quietly watching the television, sat reading or were chatting with their visitors. People told us they pleased themselves when it came to taking part in the activities. We were told they particularly liked the singers who came to the home.

We looked at how the service managed complaints. There was a copy of the complaints procedure displayed in the hallway and in each person's bedroom. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered manager kept a log to record any complaints made and the action taken to remedy the issues.

Good

Is the service well-led?

Our findings

The home had a registered manager who was present on the day of the inspection. A discussion with the registered manager showed they were clear about their aims and objectives for the service. This was to ensure that the service was run in a way that supported the need for people to be cared for safely and in accordance with their wishes. Throughout the inspection the registered manager talked about the fact that the service was, "their home."

Staff told us they felt the registered manager was, "Very approachable; easy going but firm" and "Very supportive and approachable." Visitors told us, "The manager is smashing. She knows what is going on" and "Really very good."

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the home such as; infection control, medication, care plans, pressure area care and the health and safety of the environment. Where it was identified that remedial action was required, plans had been put into place to rectify the issue.

The nominated individual was present at the home during the inspection. A nominated individual is a person who acts for and on behalf of the registered person. The nominated individual told us they visited the home at least monthly to undertake their own monitoring of the service.

We saw there was a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of re-occurrence; thereby helping to protect the health and safety of people who used the service.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that feedback surveys were sent out every six months. The most recent being in May 2017. The registered manager was in the process of collating the information.

We were told that meetings were held every three months for people who used the service and their relatives. We were told that people were encouraged to become involved in the discussions about the home and the services provided.

We were also told that staff meetings were held every three months. Staff we spoke with confirmed that this information was correct.

Detailed policies and procedures were in place to inform and guide staff on their practice. We looked at a random sample and saw they reflected relevant current guidance.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be

informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed conspicuously in the reception area.